

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

107089934

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3		1				
4		2				
5		2				
6		2				
7		2				
8		2				
9		1				
10	1					
11		1				
12		1				
13		1				
14		1				
15		6				
16						
17			2			
18			2			
19			2			
20			2			
21			1			
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50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		↓	31	↓		↓
TOTAL CLAIMS			34			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell
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